## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET NO. 2927-0153P

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:								
	the specification of which is attached	hereto. If not attached heret	0,					
Fill in Appropriate	the specification was filed	on			as			
Information - For Use	United States Application	Number			;			
Without	and amended on	<del></del>	( if applicable); and/or					
Specification	the specification was filed	on	as PCT					
Attached:	International Application	Number	; and was					
	amended on		(if applicable)					
	I acknowledge the duty to discles 1.56.  I do not know and do not belied thereof, or patented or described in prior to this application, that the same application, that the invention has application in any country foreign to more than twelve months (six mont on this invention has been filed in representatives or assigns, except a	ose information which is mat eve the same was ever know any printed publication in a ne was not in public use or o not been patented or made the United States of Ameri hs for designs) prior to this any country foreign to the s follows.	n sale in the United States of Amthe subject of an inventor's cert ca on an application filed by metapplication, and that no application united States of America prior the states Code, §119 (a)-(d) of low any foreign application for	Title 37, Code of Federal America before my or vention thereof or more than one year ificate issued before the or my legal representation for patent or invention this application by many foreign application.	our invention than one year ar prior to this te date of this tives or assigns or's certificate the or my legal			
	Prior Foreign Application(s							
Insert Priority	2002-242286	Japan	0.400.400	Priori	ty Claimed			
Information: (if appropriate)	(Number)	(Country)	8/22/02 (Month / Day / Year Fi	iled)				
	(Nulliber)	(Country)	(Wonut Day / Teat F	Yes	No			
	(Number)	(Country)	(Month / Day / Year F	iled) Yes	No			
	,	` ,	, ,					
	(Number)	(Country)	(Month / Day / Year F	iled) Yes	No			
	(Number)	(Country)	(Month / Day / Year F	iled) Yes	No			
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
	(Application Number)			(Filing Date	)			
	(Application Number)			(Filing Date	)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed more than 12 months (6 months for designs) Prior to the Filing Date of this Application:							
Insert Requested Information:  (if appropriate)	Country		Application Number		Date of Filing (Month / Day / Year)			
Insert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
Application(s):	(Application Number)	(Filing I	Date) (State	us - patented, pending, aband	doned)			
Page 1 of 2	(Application Number)	(Filing I	Date) (Stati	(Status - patented, pending, abandoned)				

271 OT221

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:.

PLEASE NOTE:

YOU MUST

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or **CUSTOMER NO. 2292** P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:							
Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Insert Name of Inventor Insert Date This Document is Signed	Tomio KUM	АМОТО	Jomio Kuman	noto	8/12/03		
Insert Residence	Residence (City, State & Country)  CITIZENSHIP						
Insert Citizenship	Hyogo, Japan			Japan			
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) 6-9, 3-chome, Wakinohama-cho, Chuo-ku, Kobe-shi, Hyogo, Japan						
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State	& Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Page 2 of 2 (Revised 01/02)							

<sup>\*</sup> DATE OF SIGNATURE